

# EXHIBIT C

**Joanne Cicala**

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**From:** Kathryn Bale [kbale@kmlp.com]  
**Sent:** Tuesday, March 04, 2008 3:32 PM  
**To:** Hoang, Hoa T. T.  
**Cc:** Nemirow, Kim; Tretter, Lyndon M.; jcicala@kmlp.com  
**Subject:** Re: New York City Medicaid claims data- meet and confer

Dear Hoa:

To follow-up to the five issues you raised in our February 29, 2008 meet and confer regarding the City of New York's Medicaid claims data, we respond as follows:

(1) HIPAA protective order

Thank you for sending the HIPAA protective order. We agree to produce claims data contained in the two data fields we objected to in our February 27th letter due to HIPAA-related issues: "Prescribing Provider ID" and "Prescription Number."

(2) Distinguishing retail pharmacy claims data from hospital and clinic claims data

After speaking with our client, we can assure you that the claims data we are producing contains only Pharmacy Provider claims data. "Pharmacy" is defined by New York Statute as "any place in which drugs, prescriptions or poisons are possessed for the purpose of compounding, preserving, dispensing or retailing, or in which drugs, prescriptions or poisons are preserved, *dispensed or retailed*, or in which such drugs, prescriptions or poisons are by advertising or otherwise offered for sale at retail." See Plaintiffs' Sur-Reply Memorandum of Law in Further Opposition to Defendants' Joint Motion to Dismiss Plaintiffs' FACC filed July 24, 2007. These are the claims at issue in our case. These are the claims for which you have requested data and for which data is being supplied.

We agreed to produce the data contained in the data field "Category of Service" which will distinguish whether a claim is for a hospital pharmacy, clinic pharmacy or pharmacy.

You had indicated that if we provided you with the assurance set forth above (i.e. that we were producing only Pharmacy claims data), you would withdraw your request for production of the following fields: "DRG Control Code CSF," "DRG Payment Type," "Discharge Date," "Procedure Code," "Procedure Code Modifier," "Procedure Code Source," "Provider Specialty Code," "Provider Specialty Type," "Rate Code CSF" and "Total DRG Days Paid." Now that such assurance has been provided, we will deem the request for these fields withdrawn.

(3) New claims data should include all the data fields from the prior production.

Agreed.

(4) New York Department of Health (DOH) claims data.

As we told defendants on February 29, 2008, the State DOH claims data will be produced to defendants on or before March 21, 2008.

(5) Supplemental production timeline

We have supplied the City with a complete list of fields consistent with what I have written here. Production will be made on or before March 25, 2008.

Best regards,

Kathryn J. Bale

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----- Original Message -----

**From:** Hoang, Hoa T. T.  
**To:** Kathryn Bale  
**Cc:** Nemirow, Kim ; Tretter, Lyndon M.  
**Sent:** Friday, February 29, 2008 8:36 PM  
**Subject:** New York City Medicaid claims data- meet and confer

Kathryn,

Thanks for having a meet and confer with Kim Nemirow and me on the New York City Medicaid claims data today. We agreed on the call that it would be helpful for the parties to summarize our discussion of the New York City Medicaid claims data. On the call, I raise four issues:

(1) HIPPA protective order

In response to your February 28, 2008 letter indicating that data for the fields "prescribing provider ID" and "prescription number" are HIPPA protected, I emailed you the HIPPA protective order in the MDL. You responded that you would review the HIPPA protective order with Joanne Cicala and your client, the City of New York.

(2) Distinguishing retail pharmacy claims data from hospital and clinic claims data

I noted that the New York City claims data field layout you provided to me indicates that the New York City Medicaid claims database contains claims relating to hospitals, clinics and pharmacies. I requested a number of hospital related data fields because I wanted to know whether a particular drug claim was filed by a hospital, a clinic or a pharmacy so I could distinguish the pharmacy drug reimbursement claims from the hospital and clinic drug reimbursement claims. I would be willing to drop my request for hospital-related data fields if you and your client can assure defendants that the new claims data you produce contain only pharmacy Medicaid drug reimbursement claims. You said you would look into this issue with your client and would get back to us.

(3) New claims data should include all the data fields from the prior production

I requested that when the City of New York provide its supplemental Medicaid claims data, that the City run data queries that include the data fields from the January 30, 2008 production as well as the new data fields so defendants did not have to merge the old claims data production with the new claims data production.

(4) New York Department of Health (DOH) claims data

I requested that the City of New York obtain the New York City Medicaid claims data from the DOH. Given that

the New York City Medicaid claims data provided by the City of New York does not have data relating to (1) calculated ingredient cost, (2) copayment amount, (3) dispensed as written (DAW), and (5) dispensing fee, defendants cannot determine Medicaid's basis of payment from the City of New York's Medicaid claims data.

(5) Supplemental production timeline

I asked for a timely production of the supplemental New York City Medicaid claims data. You indicated that it would take three weeks from next Monday before the City could produce the supplemental claims data production.

Best regards,  
Hoa Hoang

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"EMF <HHLAW.COM>" made the following annotations.

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